

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 312762004400	
Application Number                      10/775,554		Filed                      February 9, 2004	
For    IMMUNOCOMPROMISED RODENTS AS DUAL COLOR TUMOR MODELS			
Art Unit              1633		Examiner              A. Wehbe	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$65              \$ 65.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245              \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555              \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865              \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175              \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number    03-1952    . <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number    29,959 <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
_____/Kate H. Murashige/ Signature		_____/May 22, 2009/ Date	
_____/Kate H. Murashige/ Typed or printed name		_____/ (858) 720-5112 / Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of    1    forms are submitted.			